

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/22/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/25/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8326	1869	ATTENDING PROVIDER NUMBER WAS				
	H/DD/SAS			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8961	1502	ATTENDING PROVIDER NPI IS MIS	1	4967	7613	2646
				SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8599	485	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8800	5	FURTHER PROCESSING NECESSARY,				
	DS LME			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	3	DUPLICATE OF CLAIM-SYSTEM	0	8	310	302
3404910	PATHWAYS	8326	245	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8534	173	SERVICE FACILITY LOCATION IS N	0	818	4744	3926
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		21	134	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH P	8326	446	ATTENDING PROVIDER NUMBER WAS				
	ARTNERS			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	11	DETAIL NOT COVERED BY COMBINAT	0	483	2688	2205
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		7005	7	EXCEEDS MAXIMUM UNITS ALLOWED				
				PER WEEK(S)				
3404913	MECKLENBURG COM	8800	1467	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	1285	ATTENDING PROVIDER NUMBER WAS	0	3113	6951	3838
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	137	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8326	2060	ATTENDING PROVIDER NUMBER WAS				
	VIORAL HEAL			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	110	FURTHER PROCESSING NECESSARY,	0	2337	4660	2323
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	56	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM	21	387	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES							
		11	182	CLIENT NOT ELIGIBLE ON SERVICE	0	738	2282	1544
				DATE				
		8800	130	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8326	1041	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	218	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1506	3429	1923
		8599	95	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8326	4267	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8961	313	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	4682	7056	2374
		8622	31	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C HATHAM AREA	11	1435	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	205	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1905	3438	1533
		8599	105	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8800	963	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		191	31	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	1032	5887	4855
		7005	17	EXCEEDS MAXIMUM UNITS ALLOWED PER WEEK(S)				
3404923	FIVE COUNTY MH	11	1257	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	1142	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	2864	6431	3567
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8326	593	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	185	DUPLICATE OF CLAIM-SYSTEM	7	1093	3855	2762
		8800	114	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8326	307	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	470	1794	1324
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404927	CUMBERLAND CO M HC	8326	70	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	134	542	408
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8534	147	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8326	139	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	1	374	866	492
		120	38	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404931	WAKE CO HUM SVC BILLING OF	8326	67	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		191	31	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	181	659	478
		11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8326	937	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1178	1980	802
		8536	11	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404934	ONslow CARTERET BEHAV HEAL	8326	553	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	644	1078	434
		8963	17	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8326	155	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	163	1815	1652
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVORIAL H	8326	1134	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8988	110	CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED	0	1498	4779	3281
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	11	47	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	231	2951	2720
		143	27	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404944	EASTPOINTE HUMA N SERVICES	8326	1707	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8988	32	CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED	0	1761	3460	1699
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI ORAL HEALTH	8326	1404	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		11	314	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1921	2601	680
		8537	44	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				